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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4313

SERIAL NUMBER 09/768,959	FILING DATE 01/24/2001 RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 1707/33
APPLICANTS John H. Nguyen, Houston, TX;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/115,354 07/14/1998				
** FOREIGN APPLICATIONS ***** JAPAN HEI 9-207321 07/15/1997 JAPAN HEI 9-207322 07/15/1997 JAPAN HEI 9-207323 07/15/1997 JAPAN HEI 9-212581 07/22/1997 JAPAN HEI 9-212582 07/22/1997				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 33	TOTAL CLAIMS 14
INDEPENDENT CLAIMS 4				
ADDRESS KENYON & KENYON One Broadway New York ,NY 10004				
TITLE Equipment inspection and evaluation system, equipment management system, and computer-readable record medium with equipment management program stored therein				
FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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John H. Nguyen, Houston, TX;

**** CONTINUING DATA *******
THIS APPLICATION IS A DIV OF 09/115,354 07/14/1998 *yes N2*

**** FOREIGN APPLICATIONS *******
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 JAPAN HEI 9-212581 07/22/1997
 JAPAN HEI 9-212582 07/22/1997

IF REQUIRED, FOREIGN FILING LICENSE **** SMALL ENTITY ****
GRANTED ** 02/26/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY TX	SHEETS DRAWING 33	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
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ADDRESS
26646

TITLE
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FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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